Americans with Disabilities Act(ADA) Complaint Form

STEP, Inc's Transportation ADA Complaint Procedure is made available in the following locations:

- □ Agency website, either as a reference in the Notice to Public or in its entirety
- □ Hard copy in the central office
- Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
- Other, _____

Section I:					
Name:					
Address:					
Telephone (Home): Telephone (N			Work):		
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		Other		
Section II:					
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to this que	estion, go to Section III.		I	1	
If not, please supply the name and relationship of the person for whom you are complaining:					
Please explain why you have filed for a third party:					
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No	
Section III:					
Date of Alleged Incident (Month,	Day, Year):				
Explain as clearly as possible what happened and what the nature of the complaint/incident is. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.					
Section IV				-	
Have you previously filed an ADA complaint with this agency?		Yes	No		
Section V					
Have you filed this complaint with	n any other Federal, State, or	r local agency, o	r with any Federal or	State court?	
] Yes [] No					
If yes, check all that apply:					
[] Federal Agency:					
		су			
[] State Court [] Local Ager					

Please provide information about a contact person at the agency/court where the complaint was filed.			
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of agency complaint is against:			
Contact person:			
Title:			
Telephone number:			

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Ellen Keegan Chief Human Resources Director **STEP, Inc.** 2138 Lincoln Street Williamsport, PA 17701 Email: elkeegan@stepcorp.org Phone: 570-601-9513 Fax: 570-601-9517